

**Agenda Item No: 6**

**SERVICE DIRECTORS REPORT: ADULTS AND SAFEGUARDING AND COMMISSIONING**

*To:* **Adults Committee**

*Meeting Date:* **4 July 2019**

*From:* **Charlotte Black, Service Director: Adults & Safeguarding  
and Will Patten, Service Director: Commissioning Director**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **The report provides an update on progress on Adult  
Social Care across commissioning and operational  
delivery**

*Recommendation:* **To note and comment on the contents of this report**

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## 1. BACKGROUND

- 1.1 This paper provides an update on Adult Social Care - across commissioning and operational functions.

## 2. MAIN ISSUES

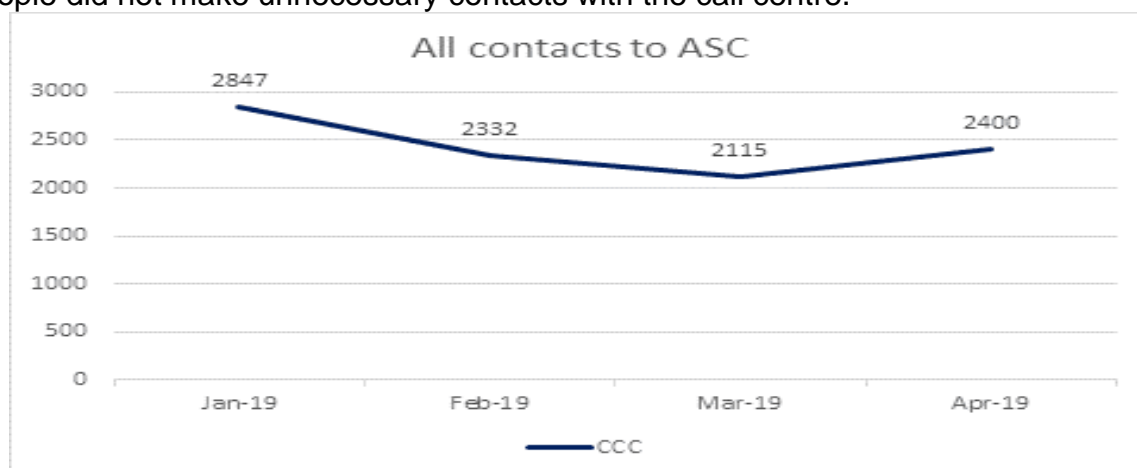
### 2.1 Overall Financial Position

- 2.1.1 In 2018/19, Adults Services had an outturn position of £1.15m overspent (0.8% of budget). Care budgets were around 3% overspent, driven mainly by increasing unit costs of residential & nursing care, the needs of disabled people increasing by more than predicted, and some slower than expected delivery of savings. Around £16.2m of savings were delivered out of a planned £16.5m. The pressure on care budgets was mitigated in-year by applying grant funding that the Council receives for care pressures, which has built up some reliance on one-off funding into 2019/20 which will need to be managed through utilisation of additional in-year grants announced by central government (including the 2019/20 Social Care Support Grant).
- 2.1.2 For 2019/20, the net budget for Adults Services has increased by around £4.7m to reach £142m. Budgets have been increased to reflect predicted demographic and demand changes, as well as pressures resulting from inflation and increases to the minimum wage, which can greatly increase the cost of care purchased. Within the overall budget increase, there is an expectation that Adults Services will deliver around £6.5m of savings, over half of which will be through the Adults Positive Challenge Programme. The first months of the year are suggesting that, while savings delivery appears on track, the increasing unit cost of care through the second half of 2018/19 and into this year are putting pressure on the budget.

### 2.2 Overall Performance

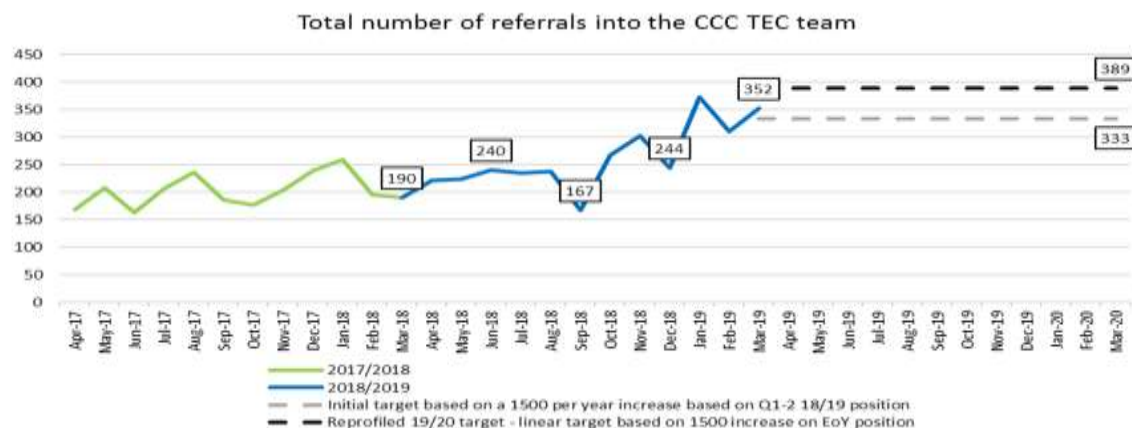
#### 2.2.1 Adult Social Care contacts

The various initiatives undertaken last financial year around strengths and assets and neighbourhood based approaches can be seen to be having some impact on service flows with a reduction in the number of contacts for Adult Social Care. This is felt to be a reflection of more accessible information and a better prevention offer, meaning that people did not make unnecessary contacts with the call centre.



## 2.2.2 Technology Enabled Care (TEC)

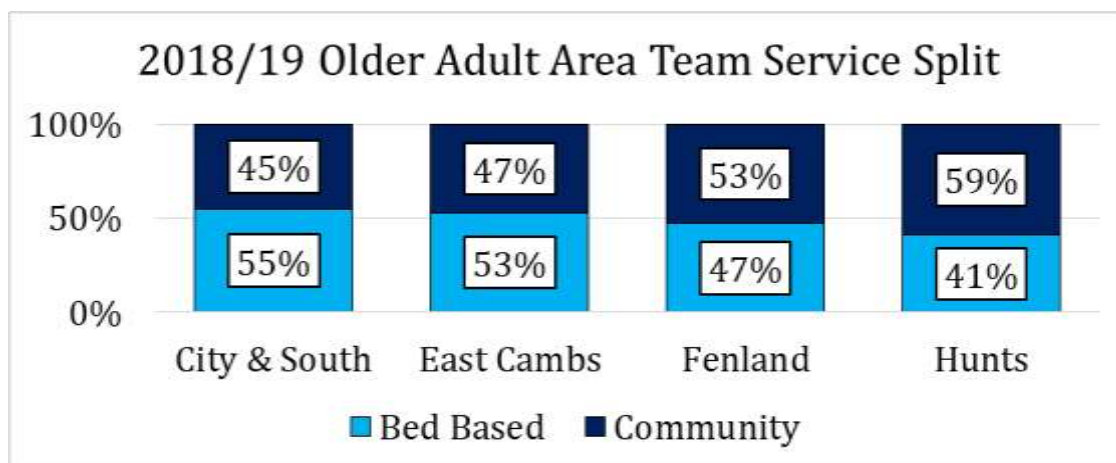
The TEC promotion and the enhancement of the TEC Team has led to a marked increase in the number of people referred to and receiving TEC, either as part of a care and support plan or in order to prevent care and support needs escalating.



This is beginning to be seen reflected in a reduction in numbers of Older People with Council funded care and support, particularly in Huntingdonshire and East Cambridgeshire localities where the work around Changing The Conversation is showing early evidence that numbers of people receiving council funded care is reducing. This is particularly evident for homecare (a reduction of 10%) and residential (a reduction of 11%) in forecast activity.

	Expected No. of Service Users	Budgeted Average Cost (per week) £	MARCH		Trend - Numbers	Trend - Unit cost
			Current Service Users	Current Average Unit Cost (per week) £		
Residential	514	£541	459	£584		
Residential Dementia	389	£554	403	£588		
Nursing	312	£592	309	£671		
Nursing Dementia	62	£646	99	£755		
Respite						
Community based						
~ Direct payments	538	£286	495	£332		
~ Day Care						
~ Other Care						
~ Homecare arranged	1,516	per hour £16.31	1,363	per hour £16.37		
Live in Care			52	£780.10		
	3,331		3,128			

Huntingdon has also been piloting outcome based commissioning of domiciliary care. There is early evidence of positive impact on spend, with less domiciliary providers requesting package increases. Both Huntingdon and Fenland localities have maintained a better balance of community based packages to care home packages, as shown in the diagram below.



### 2.2.3 *Reviews – Promoting Wellbeing Team*

Adults and Safeguarding operations implemented Mosaic, a new case management system in October 2018 and this has had a knock on effect on the number of reviews undertaken, as the initial set up of the review is more time intensive due to the need to create a full assessment. In order to ease the pressure, increased capacity has been put in place until June 2019 in the form of the Promoting Wellbeing Team. This team has been undertaking strengths and asset based reviews for those who are overdue, annual reviews and since January 2019 reviews for those discharged from hospital back into community care and support. This team has helped to reduce the pressure, although there will continue to be capacity issues until all service users have at least one review recorded on the system. We are working to come up with a model for prioritising reviews for those most likely to be a risk, or to benefit from a strengths and asset based conversation.

Key learning from the Promoting Wellbeing Team's work so far, includes:

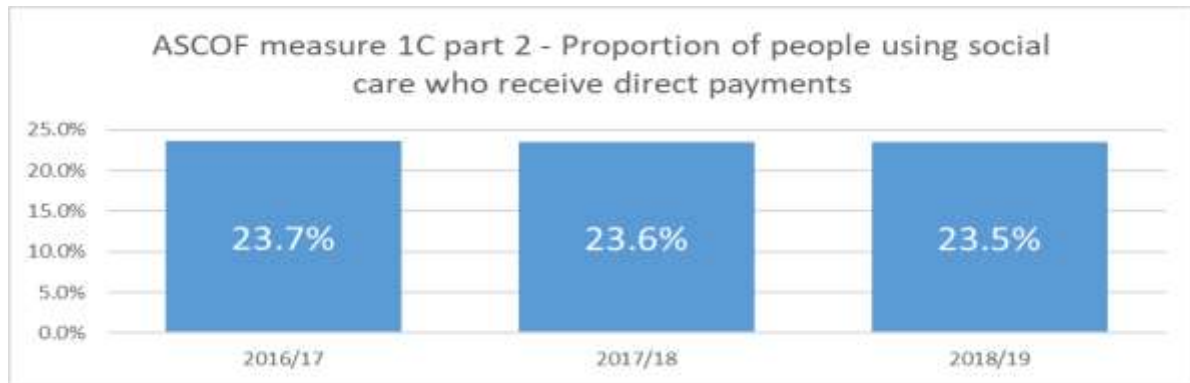
- Reviews of people who have been home for a small number of weeks since a hospital discharge are more likely to lead to a change in care and support provision.
- People receiving four or more home care calls per day are more likely to have a change in care and support following a review.
- Annual reviews of people in long term care homes are very unlikely to lead to a change in outcomes

Overall, for annual reviews carried out by the Promoting Wellbeing team the outcomes were as follows:

- *Change in outcome*
  - 48% No change/nothing required
  - 8.5% No changes/refused offer of support or changes
  - 21% Changed outcomes led to change in personal budgets
  - 22.5% No change in personal budgets but care and support plan changed to include other contributions to service to improve wellbeing.

#### 2.2.4 Direct Payments

The Council has continued to see Direct Payment recipient numbers below the levels we would wish them to be. The overall number of people receiving a direct payment has fallen slightly in 2018/19 from 985 to 976 (-9), however the overall number of people being supported with community based packages has also reduced which has meant that the percentage receiving a direct payment has remained comparatively stable at 23.5%.



ASCOF measure 1C part 2 - Proportion of people using social care who receive direct payments	2016/17	2017/18	2018/19
No. people receiving a direct payment	1,042	985	976
No people receiving community-based services	4,399	4,179	4,145
%	23.7%	23.6%	23.5%

#### 2.2.5 Neighbourhood Place Based Delivery

Models of neighbourhood place based delivery continue to be piloted in Soham and St Ives. The formal evaluation is currently being finalised and expected in September, however the initial findings have been shared and include the following:

- ‘the teams have prevented crises by preventing hospital admissions or readmissions, preventing carer breakdown and preventing a deterioration in mental health issues’
- the pilot has prevented the escalation of needs and impacted on clients’ quality of life and had a positive impact on the development of community assets
- the main benefit of working in the pilot has been improved job satisfaction’.

Those involved with the pilots have shared their positive experiences, some of which are quoted below:

- “I feel I belong here and I like that” - **local resident**
- “I honestly now have the best work-life balance I have ever experienced as a social worker” – **Neighbourhood Cares Worker**
- “I do not know what I would have done during the last 2 weeks of my father’s life, they really do care.” – **daughter**

“A complex patient with MS was referred by the Community matron to the Neighbourhood Care for support and guidance for the patient and her partner, who felt that they were not supported by specialist services locally. The Neighbourhood Cares

Worker worked alongside the District nurse in the delivery of care. This gave ongoing invaluable support to the patient and her family, especially during hospital admission and end of life. This level of support would not have been possible elsewhere.” - **CPFT Team**

“Two elderly sisters, when clinical need ended, were referred to the Neighbourhood Care. The support meant they both received a flu vaccination and maintained their independence.” We do not think this would have happened without the Neighbourhood Care - **CPFT team**

“A patient that used to need regularly GP appointments, now only visits when he has a specific clinical need, due to the level of support and advice he receives.” – **GP Practice Manager**

Work is underway to plan how we will maximise the benefits of the learning from the pilots, how this will inform the development of neighbourhood and place based working and how we will continue to build on the achievements of the pilots in Soham and St Ives.

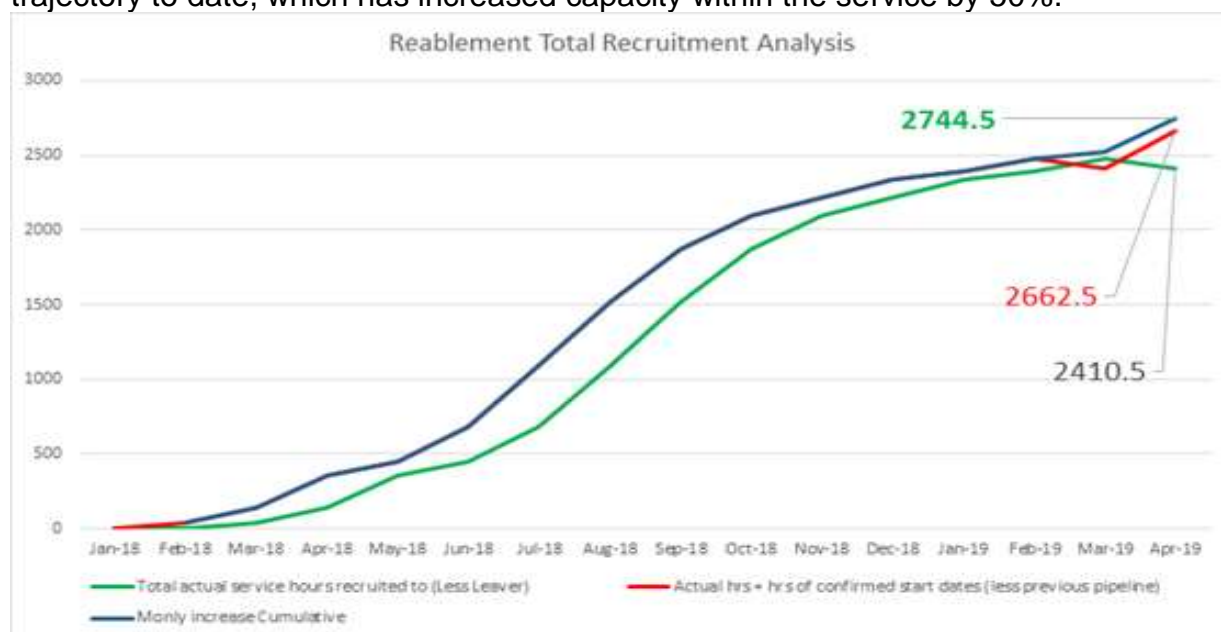
### *Mosaic Implementation*

- 2.2.6 Mosaic, a new case management system was implemented in October 2018. There are still some challenges in getting the reporting data from a new system which we are working through with business intelligence. The full implementation of the Mosaic Finance module has been delayed to September/October 2019 to ensure that the transition from the current to new process is as well managed as possible. This is the function that issues payments and invoices for residential nursing and domiciliary care.

## **2.3 Key Developments: Operations**

### **2.3.1 Recruitment - Reablement**

There has been significant investment to expand capacity in the reablement team, with £1.8m additional investment made in 2018/19. The below graph shows the recruitment trajectory to date, which has increased capacity within the service by 50%.



Despite relative success with the Reablement recruitment campaign we are currently feeling pressure from workers leaving as the result of a recruitment campaign for Intermediate Care Workers (ICW) being run by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). 11 Reablement Support Workers have left recently, with 9 leaving to join CPFT as ICWs. We did have 9 new starters join this month who are undertaking inductions, Care Certificate and statutory training. Currently we have 16 vacancies.

### 2.3.2 *Social Worker Recruitment*

Prior to the launch of the 'We love social workers campaign' there were 40 adult social work vacancies across all client groups, with an established workforce of 205 FTEs (full-time equivalents). We had 8 senior social workers, 24 social workers and 8 alternatively qualified practitioner vacancies. A group of social workers worked with human resources colleagues and a specialist marketing company to co-produce a campaign strategy based on what our staff told us about being a social worker in the Council and transforming our use of social media to generate interest in our vacancies.

HR colleagues have revised the recruitment process and created dedicated support to significantly reduce the timeline from submitting an application to an offer being made to a successful candidate. Operational managers have come together to agree a core selection process and are working collaboratively to support the process across all client groups. This means that we have confidence that candidates have consistently good experience through their initial contact with the Council. This approach enables us to plan selection sessions months in advance and has reduced the time some managers are involved in the selection process, as participation is shared across the whole operational managers group. The changes in the process and approach has been universally supported and valued by managers.

Since the campaign was launched we have received 120 applications, 80 from qualified social workers. Nineteen job offers have been made and accepted. Currently we have 3.72 FTE senior social worker vacancies and 17 FTE social worker vacancies.

### 2.3.3 *Continuing Health Care*

There has been good progress in relation to Continuing Health Care recently (CHC). The Clinical Commissioning Group (CCG) have been taking proactive steps to clear the back log of assessments. As at the end of May 2019, only four assessments exceeded the 28 day time limit, two were Cambridgeshire and Peterborough CCG assessments and two were the responsibility of other CCGs.

The dispute policy has also now been signed off by the CCG and work on the Joint Funding Tool is well underway. The Joint Funding Tool aims to support decision making about whether elements of a package should be health funded when the person does not meet the threshold for full Continuing Health Care but does have some elements of need that might be health funded.



#### 2.3.4 Quality and Practice and Mosaic implementation

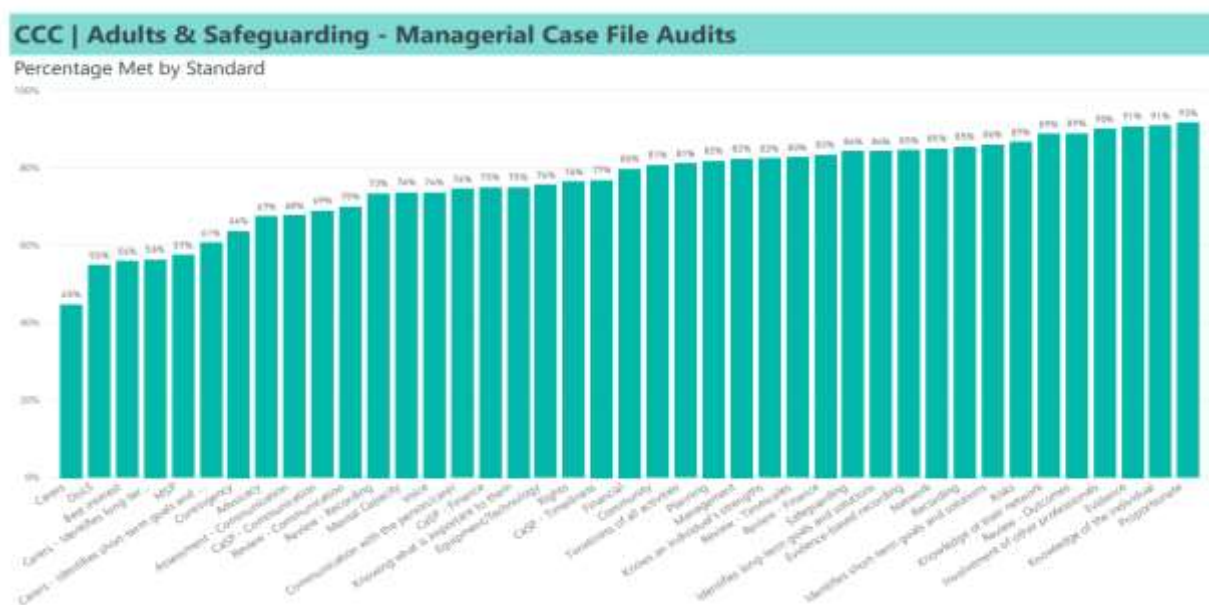
It is important to ensure we give practitioners the right tools to change the way we practice and measure the outcomes as we change the conversation across adult social care. The implementation of Mosaic has delivered an electronic recording system which allows practitioners to record the conversation with the person. Recording what is important to them. The new workflow creates a journey which reflects a proportionate response to individuals, exploring support from wider resources and recording in a less intrusive way.

This is balanced with now having all teams across Cambridgeshire adult social care using Mosaic, giving improved ease of transfer across teams and improved information sharing for the benefit of each person supported by the service, especially those with complex needs. This has been a welcome change for practitioners with feedback such as, “it is more intuitive as a recording system”, “It allows a more fluid conversation with the person” and “it aids a new way of working”. Front line managers’ report that it is much easier to manage workflow, workload and balance the demands on the teams on a day to day basis.

The new managerial audits programme has assisted in embedding the change in practice, giving clear measures in the audit tool used and the challenge to evidence the way we are working. This gives monthly data measuring our practice against the practice outcomes we want to achieve through the adults positive challenge programme. Measuring strength based and proportionate practice.

The data from the managerial audits and the recent thematic audit on assessment and care and support planning are being used to further support the change and improving practice. Including feeding back to operational teams on how we are working with carers, supporting people to explore community resources and the information we give people. This is all underpinned by ensuring we meet our legal obligations and fulfil our statutory duties.

The graph below illustrates the results from the first phase of manager audits in relation to the % of cases for which standards in particular categories were evidenced as met.





Standards relating to proportionality, evidence based decisions, knowledge of the individual and involvement of other professionals were all evidenced as met in over 90% of the audits. The results of the audits will be shared monthly with the Practice Governance Board to inform focus for the Quality and Practice work.

#### 2.3.5 *Reablement*

The reablement service continues to build capacity following the successful recruitment campaign in 2018/19. In April 2019, 240 people received a reablement intervention, however this activity might have been greater if there was additional domiciliary care capacity in the market, as the service also provided a bridging service to 77 people in the month who were waiting for mainstream domiciliary care.

In addition to the increased capacity from recruitment there has also been a reduction in days lost due to sickness absence.

The Occupational Therapy service is becoming more embedded within reablement, with better outcomes being achieved for service users as a result. There is good evidence that the service is avoiding hospital readmissions. Easter Bank Holiday hospital discharge pressures were managed well, with the service able to take on referrals during the long weekend.

Targeted reablement is one of the key work streams of the adult positive challenge programme. The initial priority of the work stream was to develop a shared specification for CCC and PCC Reablement services. The specification provides a basis for service delivery in relation to all elements of reablement, and includes key performance metrics against which services will report, so as to achieve aligned and consistent outcome reporting. The specification was agreed and signed-off by the March Adults Positive Challenge Programme Board.

The next stage of the work being undertaken is to maximise the impact of this service:

- An in-depth review to identify process and practice changes that will reduce bridging.
- A review to identify the opportunities to increase numbers of community referrals
- Making the best use of resources to maximise reablement impact.
- Taking forward early discussions about how roles and responsibilities could be adapted to better meet the needs of a place based approach in future, taking forward the learnings from Neighbourhood Cares.

#### 2.3.6 *Reablement Enhanced Response Service*

The Enhanced Response Service is reaching maximum capacity, undertaking their target referral rate of 400 per month. For the month of April, 390 referrals were received. For the first time, the greatest numbers of calls came from Cross Keys Homes rather than the usual top two which are Tunstall and Hereford Housing. This is probably as a direct consequence of increasing numbers of referrals for the TEC pilot – a 6 week lifeline and keysafe funded by TEC. The Ambulance Trust made 38 calls.

- Reasons for calls: 75 personal care, 119 silent calls and 161 for falls.
- Response times: 58% within target time, 21% exceeding target time, the remainder not applicable.

- Interventions: 90 assist from floor, 56 reassurance, 65 personal care, 146 no intervention needed
- Escalations: Ambulance 26, JET 5, GP 8, Police 1.
- Follow up referrals 14.

### 2.3.7 *Adult Early Help*

Adult Early Help continues to receive high number of referrals (approx. 400+per month). Outcomes for service users remain good. The satisfaction survey shows that 91% of respondents agree they were given the right level of help and support and that 94% would recommend the service to friends and family. One compliment stated: "I was treated with respect and they explained everything very clear treated with the utmost respect, very polite not sure you can improve on that."

We continue to successfully support over 75% of those who contact us in AEH away from long term care at point of contact.

Our specialist housing advisor has been in post for 11 months and interventions tracked and quantified where the work directly focuses on support relocations to reduce the need for major adaptations. To date the work has identified £196K cost avoidance/savings on adaption work and further cost avoidance/savings to Adult Social Care, including supporting two moves from residential care homes to extra care schemes. This has been achieved through working as part of a strong prevention and early intervention team.

The Welfare Benefit team is a key part of the AEH offer and continues to work as part of the team.

Statutory Carers Assessments transferred back to CCC from 1st April and are now managed through Adult Early Help. Three staff transferred over and corporate inductions will take place alongside "business as usual" work. They are working hard to remain on top of incoming work and are forward booking assessment meetings to avoid a waiting list. The main challenge is the reviews of existing carers which will require a new assessment implementing the revised approach. Additional funding has been identified through the transformation fund to complete these in a timely way and achieve a £250K identified saving target against carers direct payments.

There is a significant pressure on the Adult Early Help budget (approximately £145K) in 2019/20 due to the removal of fixed term funding that has been in place for the past 2 years. Solutions are being worked on with Finance to ensure Adult Early Help has sustainable funding.

### 2.3.8 *Technology Enabled Care (TEC)*

There has been a significant increase of referrals into the service over the last six months, which has taken the service above the Adult Positive Challenge Programme target. This is mainly attributed to the high profile of TEC, the 6 week lifeline trials and the move to MOSAIC. The most notable increases in referrals were from teams across Prevention and Early Intervention, Adult Early Help and Reablement.

The TEC Leaders pilot started on 1st May and was very positive, generating a lot of interesting conversations about the use of TEC and the possibilities. These first session

have been targeted at services where we know there is low uptake and so we should be able to demonstrate impact easily. Young Adults, Adults with Autism and Physical Disabilities managers are in the first cohort.

The technology elements of Sensory Services (deaf technologies) are now being delivered by TEC, as part of reducing complexity in the system and joining up the TEC/Sensory expertise within the services. This is excellent progress and should reduce duplication and enhance the individual's experience of services.

Next Generation Technology Project – NHS England. This project has been described by the Telecare Services Association as 'groundbreaking' However, we continue to have significant delays on this project due to the technical integration work that has been needed. This will alter the timeframes for the evaluation but we continue to be positive. We are now working with the Telecare Services Association TSA who provide industry support and standards to try and help negotiate this difficult transition to the newer technology.

We have been awarded funding from the LGA for a "discovery" phase to look at opportunities within disability and transition services to source solutions to maximise opportunities and independence. We will work with LGSS Digital to deliver this project. Internal kick-off event was held 30th April and this was to work with LD colleagues to identify priorities for the programme.

There is a continued focus to embed TEC and ensure an aligned offer across Cambridgeshire and Peterborough. This also includes the ongoing work to align the current commissioned multiple Lifeline contracts across Cambridgeshire. The TEC workstream of the Adults Positive Challenge will include focused modelling work to capture the impact of TEC and promote a TEC first approach with staff. Future commissioning opportunities to embrace new and emerging technologies is a key component of this work.

#### 2.3.9 *Making Safeguarding Personal*

Making Safeguarding Personal is critical to ensure safer outcomes for Adults at risk and their Carers. Assurance that the principles (stated below) are being embedded across all agencies is a priority for the Safeguarding Adults Board and work will be completed in 2019/20 to reassure statutory agencies that Making Safeguarding Personal is truly embedded.

Principles:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

From a Local Authority perspective the ASC IT system has been altered as part of the implementation of MOSAIC to ensure that we can both capture the outcomes that people want, but we have also included guidance to ensure staff are supported to truly

hear their voice. We are clear with practitioners about the importance of either gaining consent or if the risk is high, not requiring consent but ensuring the person is aware that the referral will be made to the Multi Agency Safeguarding Hub (MASH). Regular MASH audits will commence in June and will audit practice against these standards.

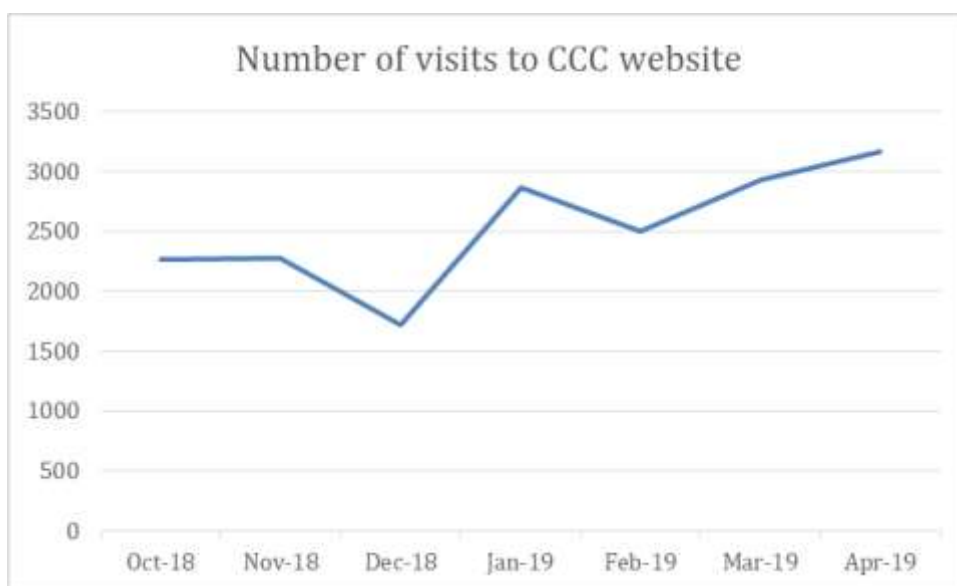
#### 2.3.10 *Information and Advice*

We continue to work on making information and advice more accessible to people and to ensure the focus wherever possible is on self-help. Building on the Guide To Independence we have also created a shorter Guide to Paying For Care leaflet for self funders in hospital, as a quick guide for those making their own arrangements for care and support.

In response to a number of complaints received around the lack of availability of information around client charges for care and support we have created some quick guides for staff and service users and are also reviewing the range of financial assessment letters to ensure they are clear.

We are also undertaking joint work with Peterborough City Council to develop easy read website content. A link to the content developed can be found [here](#)

There has been a trend of growing number of visits to the Cambridgeshire Adults web pages.



#### 2.2.11 *Carers Support*

The Adult Positive Challenge Programme has a work stream focused on improving the support provided to carers. This work stream has three key features:

- Return of statutory carers assessment services to the Council to aid the embedding of a holistic offer for carers. This transfer took place in April 2019.
- Embedding a strengths and assets approach to carers' assessments and support planning, via workshops and reinforcement from the core practice Huddles and new assessment and review tools. This was launched in April 2019.
- Review of the commissioned carers support offer to identify what works and where the gaps are in order to inform the recommissioning of these services. The review

has been completed and the tender process is due to begin. The procurement is currently on hold until July to await the outcome of the Clinical Commissioning Group (CCG) community contract review as this will inform whether the contract will proceed as a joint tender across PCC/CCC and the CCG.

Committee is scheduled to receive a deep dive report in the work being undertaken with carers in the Autumn.

## **2.4 Key Developments: Commissioning**

### **2.4.1 *Recruitment***

The Commissioning department underwent a restructure, which has led to the integration of the commissioning function across PCC and CCC, as well as increasing capacity within teams to ensure we have the right resources to support a proactive approach to commissioning services across the county. The integration of teams has enabled us to reduce duplication, increase consistency and share best practice. The new structure launched in December 2018 and recruitment to additional posts has been successful, with Brokerage, Quality Improvement, Contract Management, Mental Health & Learning Disabilities and Adults commissioning now at nearly full capacity.

The Brokerage team commissioning team is now at nearly full capacity, with additional posts, including:

- Head of Brokerage, Quality Improvement and Contract Management – 1FTE
- Lead Brokers 2FTE
- Hospital based Brokers 3FTE
- Mental Health and Learning Disabilities Broker 2FTE

There is currently 1 FTE broker vacancy within the team.

The Contract management team is also now fully resourced with the addition of the following roles:

- Senior Contract Manager 1FTE
- Contract Officers 3FTE

In addition, 3FTE new Senior Commissioner posts were recruited to across adults commissioning, including mental health and learning disability commissioning.

### **2.4.2 *Market Management***

The Council complies with CQC regulations and in the autumn underwent a LGA Peer Challenge using the CQC Area Review methodology. Across Cambridgeshire, 8.5% of care homes have a CQC rating of 'requires improvement', 88.5% are good and 3% of homes are rated outstanding.

In November 2018, we had a contract handback from a residential and nursing provider. In January 2019 one of our residential providers experienced provider failure following quality issues raised by CQC. This was managed closely with the provider market and CQC during this time to ensure the safe transfer of people in their care. We are currently working with two providers as a result of one going into administration and one who has concerns over future sustainability to ensure appropriate support is available to them and residents.

#### *Brokerage, Quality Improvement and Contract Management*

2.4.3 The increased capacity within the Brokerage team is beginning to show a positive impact and there is early evidence of performance improvements, including:

- A reduction in the average time it takes to broker care
- An increase in the utilisation of block bed capacity
- Improved flow through reablement, intermediate care and block discharge cars

Work continues in conjunction with social work colleagues to further drive up performance.

The Brokerage team is now co-located with the CCG Continuing Health Care brokers and nursing staff, which is supporting strengthened multi-disciplinary team working and reducing duplication. There is ongoing work in conjunction with the CCG to determine the longer term approach to integration and alignment of health and social care brokerage, which will support development of a single coordinated point of access to the market.

The Contract Management and Quality Improvement Teams are now fully resourced and a reconfiguration of workload on a geographical basis is in process. In addition to supporting provider failure issues as outlined in 2.4.2, the team has worked with three providers to improve quality and delivery, including one inadequate CQC inspection site and two providers where operational concerns had been highlighted. The team has worked closely with these providers to develop turnaround action plans and provide regular support to achieve actions and embed practice. There is an ongoing focus on reviewing how the contract management and quality improvement function can work in a more cohesive manner, with opportunities for skill transfer and commercial skills development being identified and implemented.

#### *Adult Social Care Commissioning*

2.4.4 To promote joined up working and transparency with the local provider market, Cambridgeshire and Peterborough have recently produced a joint market position statement to give a clear indication of the Council's priorities and strategic direction over the coming months. ASC Commissioning Webpages on the CCC council website are currently being redeveloped around the new Joint Market Position Statement.

There has been continued work to increase capacity across the provider market to meet demand. This has resulted in the commissioning of increased capacity, including a 42% increase in reablement capacity, 13% increase in domiciliary care and 5.6% increase residential care since April 2017.

There are a number of commissioning reviews and re-tenders underway, including:

**Direct Payments:** As part of the strengths and assets approach to care and support planning there is a stated intention to increase the utilisation of Direct Payments. There are two key changes being made to support this, the introduction of pre-paid cards to lessen the administrative burden for recipients and a re-tender of the direct payment support service contract with a clear focus on the outcome of increasing the number of Personal Assistants in the market.

**Carers Support:** The provision of carers support has been reviewed and is in the process of being recommissioned (see section 2.3.11).

**Technology Enabled Care (TEC):** There is a focus on alignment of the multiple commissioned LifeLine contracts, as well exploring commissioning opportunities to embrace new and emerging technologies (see section 2.3.8)

**Homecare Discharge and Transition Cars:** The discharge and transition cars block contract has been re-tendered and awarded. The contract is a 2+1 year award and capacity will be maximised through close performance monitoring.

**Older People Residential Services:** We are working closely with the care home market to increase capacity in the market, including extending the provision of block bed capacity, supporting additional capacity into the market and exploring other options for accommodated support, e.g. care villages.

**Older People's Day Services:** Following a review of commissioned services, a re-design of services is being undertaken to inform the future commissioning recommendations for this model.

**Homecare review:** A review of homecare provision is currently underway, which will inform the future commissioning approach to re-procure this contract. The review will involve working closely with brokerage and reablement, to understand and address issues relating to capacity mismatch and supporting a reduction of bridging packages in the reablement service. Provider engagement is being planned, including a review of thoughts on the usage of the Dynamic Purchasing System ADAM.

**Housing Related Support:** A review of support is being undertaken to explore new models of delivery that promote best practice and ensure that people accessing Housing Related Support services get the best possible outcomes.

**Extra Care Housing:** The extra care housing schemes across Baird Lodge, Eden Place, Millbrook House, Ness Court and Somers Court contracts are due to expire in December 2019 and are being re-tendered.

**Prevention and Early Intervention:** As a key component of the Adult Positive Challenge Programme commissioning work stream, mapping of the current effectiveness and gaps in commissioned services is in progress. This will inform the future requirements and commissioning approach.

#### *Mental Health and Learning Disabilities Commissioning*

2.4.5

**Recovery and Community Inclusion contract:** (co-commissioned with the CCG and Peterborough City Council) has recently been awarded with a contract start date of 2<sup>nd</sup> of September 2019. This contract brings together a range of current services into a pathway designed to support mental health service users to access intensive 1:1 support, groups and peer support. The service will connect people with their local community assets as well as supporting people to improve their individual living skills, resilience and recovery. The contract has been awarded to CPSL Mind and implementation of 'The Good Life' service, which is the new branding for this contract,



is underway.

**Lifecraft:** a service-user led charity within Cambridge, has recently been successful in being granted £49,000 from the Innovate and Cultivate Fund to provide focused employment support to people currently living in Mental health Supported Accommodation, or receiving a Care Package. Aiming to support 48 beneficiaries, the project is hoping to achieve employment outcomes for at least 12 people, as well as moving the remaining individuals closer to the labour market through volunteering, training and development of employment skills. Initial recruitment for the project is currently taking place.

**Mental Health Supported and Residential Accommodation services:** a review has taken place across currently commissioned services within Cambridgeshire and Peterborough. There is an opportunity to develop a more consistent and robust framework for this area of support, which will improve competition, effectiveness and financial forecasting and efficiency. Further gaps have been identified around support for people with Autism and also an offer for Complex Mental Health service users whose needs are currently being met in residential or secure settings but could be provided for in a more supported environment within the community. Recommendations for this area are currently being developed and will be presented to Adults Committee in the coming months.

**Specialist Mental Health Employment Support:** A strategic review of these services will be undertaken during 2019/20, in conjunction with the CCG. A range of project and commissioned services are currently being delivered. Commissioners will draw together the range of employment based projects to ensure that there is a strategic approach to delivery and that commissioning intentions and strategy can be drawn from the projects. Qualitative and quantitative evidence will be collected to underpin future commissioning intentions around employment.

**Learning Disabilities and Autism:** Two innovate grants have been awarded to providers to appoint job coaches to bridge the journey from being work ready to securing a job. The models and pathways will be analysed to inform future commissioning with the intention being to put in place a Framework for Employment Support.

Development of further housing options for Adults with Learning Disabilities is underway. Several options are being scoped including using NHSE money and Property Investment companies who lease to Registered Social Landlords.

There is also work ongoing to develop accommodation options for Adults with Autism (not an LD). This work is happening in close collaboration with Mental Health commissioning, to enable both frameworks to be tendered alongside each other.

Re-tendering of the Post Diagnostic Support Service across both Cambridgeshire & Peterborough is a priority, so a consistent cross-county offering is available.

**Transforming Care Partnership (TCP):** Currently there are 3 Service Users in Specialist Commissioned Beds and additionally 2 Service Users who do not have a diagnosis of LD, these are Out of County. There are 5 Service Users in Assessment and Treatment

beds within County. There are 11 service users on the risk register, all with comprehensive risk plans in place. Although the numbers appear small the cost of care to deliver independence is disproportionately high and although there are contributions via the CCG and Continuing Health Care, the financial impact on the budget is significant. This situation has become increasingly critical as a result of a recent Panorama programme that documented further failings in Hospital settings (resulting in Ministerial oversight and weekly monitoring from the Department of Health and Social Care).

The Transforming Care Partnership is working on several commissioning streams to ensure there are services within Cambridgeshire & Peterborough that can meet the needs of this cohort, both in terms of stabilising and supporting existing placements, namely ensuring there is sufficient crisis response and forensic support, and also in developing new services which those in hospital placements and out of county placements can return to live in.

## **2.5 Partnerships with Health – Operations and Commissioning**

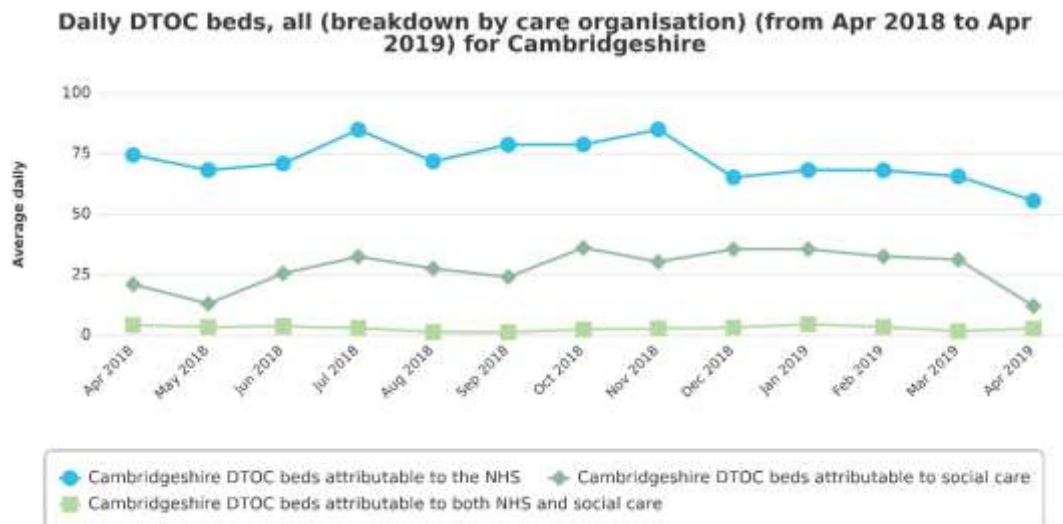
The Council has continued to work in close partnership with NHS Partners with a particular focus on joint commissioning to support prevention and early intervention, system working to address DTOCs and admission avoidance initiatives such as neighbourhood based care.

### **2.5.1 *Integrated Commissioning***

Integrated commissioning approaches support us to increase consistency in service provision and enable better engagement and market management. A number of jointly commissioned services have been established, including; the Better Care Fund (BCF) pooled budget which commissions a range of integrated initiatives, including community multidisciplinary neighbourhood teams, prevention and early intervention initiatives such as falls prevention and interventions to support the management of DTOCs; Support for people with mental health issues; Community Occupational Therapy Services; and Community Equipment Services

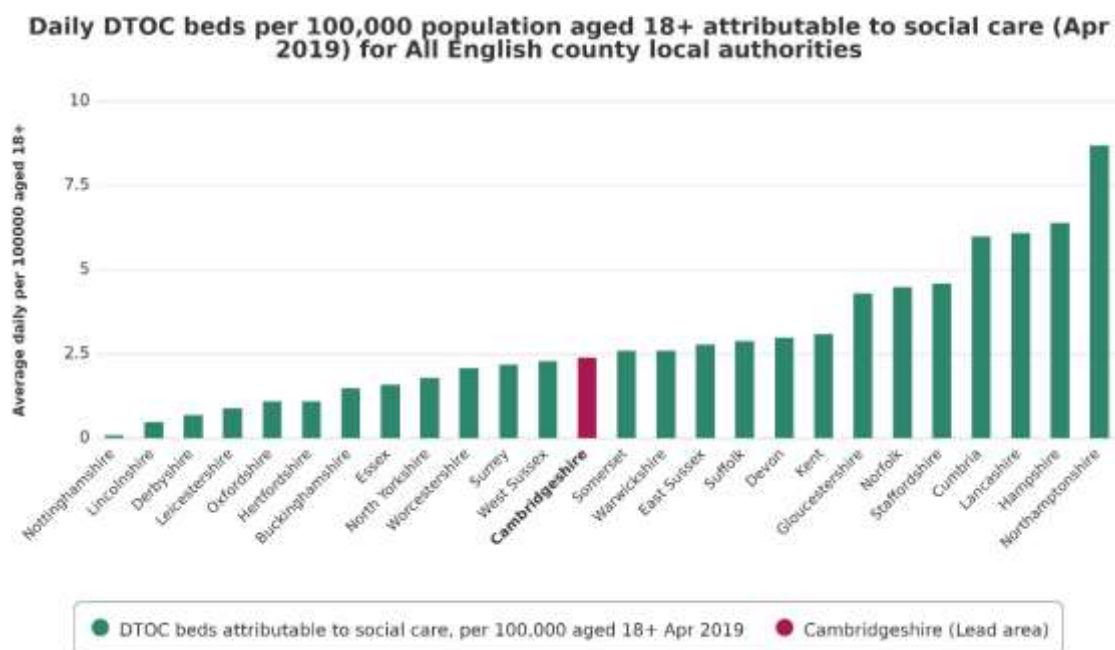
### **2.5.2 *System Working to Address DTOCS***

The council has worked in close partnership with NHS Partners at a strategic, commissioning and operational level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current DTOC challenges. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues across the health and care system. DTOC performance has continued to be a challenge for the local system, but we have started to see a trend of improved performance since the beginning of the year. Based on the latest nationally published UNIFY data for April 2019, the below graph shows a breakdown of DTOCs by attributable organisation.



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For April 2019 Cambridgeshire, compared to all single tier and county councils in England, is ranked 125 (compared to 143 in March 2019) on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 137 (143 in March 2019) on the rate of delayed days attributable to the NHS, and 89 (133 in March 2019) on the rate of delayed days attributable to social care.



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### Local Performance since April 2019

Based on local recorded weekly validated DTOC data, the below provides a more recent overview of performance across Cambridgeshire since April 2019. This highlights that there have been significant improvements in closing the gap to the 3.5% national target.

Cambridge and Peterborough System - Delayed Transfers of Care												
	CIBH			HII			PCit			CPFT - Community		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
12/05/2019	44	265	4.2%	17	112	7.5%	51	145	3.7%	15	112	12.6%
19/05/2019	14	96	1.8%	17	117	8.0%	52	179	4.4%	12	59	8.0%
26/05/2019	78	350	5.8%	19	139	8.5%	55	161	4.0%	12	104	15.6%
02/06/2019	46	325	5.2%	29	219	15.0%	43	92	2.3%	15	106	15.9%
09/06/2019	32	284	4.5%	6	122	7.3%	34	101	2.5%	18	63	14.0%

Significant Improved Better Care Fund (IBCF) investment has been made to support DTOC pressures, including additional reablement capacity, social worker capacity to support discharge and prevent hospital admissions, investment in community equipment and occupational therapist support, the implementation of the trusted assessor model to support care homes to reduce assessment related discharge delays and investment in continuing healthcare resources to support implementation of a new CHC hospital discharge process.

The Discharge Programme continues to be the highest priority for the System. It is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. A Discharge Programme Operational Group has been established to implement key operational changes to support delivery of the DTOC programme, with the key focus areas being:

- Following best practice learning from other areas, a review of validation processes i.e. being undertaken. This will support a consistent approach to reporting and reduce instances of over-reporting as a system.
- Referral and assessment pathways for discharge to assess pathway 1 (intermediate care and reablement at home provision) are being reviewed to support less handoffs and reduce unnecessary delays in discharges. This will ensure the use of light touch assessments and development trusted assessor models.
- Integrated Discharge Team (IDT) managers have been recruited to at Addenbrookes and Peterborough City Hospital, starting within May and June 2018. Hinchingsbrooke is currently being recruited to you. These roles will take the operational day to day lead on the multi-disciplinary IDT to ensure a co-ordinated response to complex discharges, holding individual organisations to account.
- Revisions to patient choice communications and policies has been undertaken and is in the process of being implemented across the hospital sites. This work is happening alongside continued culture change and confidence building amongst staff, supporting difficult conversations with patients to happen earlier.

Following the evidenced impact of post hospital discharge reviews it has been agreed that these will be the focus of the promoting wellbeing team.

### Admissions Avoidance

2.5.3

The system is committed to the development of place based delivery and the Council has been working closely with NHS Partners around the development of local Integrated Neighbourhoods. This work sits alongside the development of Primary Care Networks with populations of 30,000 – 50,000 and is being aligned to the Council led Think Communities programme and Adults Positive Challenge. The model of delivery is driven by a neighbourhood, 'place based' approach, and success will mean that people have greater independence and better outcomes via a greater focus on prevention, empowerment and building self-sufficient and resilient communities.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 A good quality of life for everyone**

The following bullet points set out details of implications identified by officers:

- Good quality, effective and appropriate services are provided to adults which are personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

#### **3.2 Thriving places for people to live**

The following bullet points set out details of implications identified by officers:

- Ensuring people have access to the most appropriate services in their communities.

#### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

*There are no significant implications within this category.*

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

*There are no significant implications within this category.*

#### **4.3 Statutory, Legal and Risk Implications**

*There are no significant implications within this category.*

#### **4.4 Equality and Diversity Implications**

*There are no significant implications within this category.*

#### **4.5 Engagement and Communications Implications**

*There are no significant implications within this category.*

#### **4.6 Localism and Local Member Involvement**

*There are no significant implications within this category.*

#### **4.7 Public Health Implications**

*There are no significant implications within this category.*

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	N/A
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	N/A
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	N/A
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/A
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A
<b>Have any Public Health implications been cleared by Public Health</b>	N/A

<b>Source Documents</b>	<b>Location</b>
None	